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proved for use through 7/31/2008. OMB 0651-0051 Semark Office: U.S. DEPARAMENT OF COMMERCE talion unless il displays a valid OMB control number. Under the paperwork Reduction Act of 1895, no p 10596-US Docket Number (Optional) PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) In re Application of Stephen ROUTLIFFE Application Number 09/767,150 Filed 23 January 2001 FOR TEMPLATE FOR CREATING CELLS IN CELL RELAY Examiner Wahiba, Andrew W. Art Unit 2661 This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filling a reply in the above identified application. The requested extension and appropriate non-small-entity fee are as follows (check time period desired): 110.00 One month (37 CFR 1.17(a)(1)) Two months (37 CFR 1.17(a)(2)) Three months (37 CFR 1.17(a)(3)) Four months (37 CFR 1.17(a)(4)) Five months (37 CFR 1.17(a)(5)) Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$_______. A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 13-1717 I have enclosed a duplicate copy of this sheet. I am the applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). attorney or agent of record. Registration Number 34.519 X attorney or agent under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a) __34.518. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTD-2038. 10 January 2005 Richard J. Mitchell 34,519 (813) 236-9561 Telephone Number NOTE: Signatures of all the inventors or assignees of record of the antira interest or their representative(s) are required. Submit multiple forms if more than one eignature is required, see below. forms are submitted.

The obtaction of information is required by 37 CFR 1.135(a). The information is required to obtain or retein a benefit by the subtic writin is to \$is (and by the USPTO to process) an application. Confidentistry is governed by 35 U.S.C. 122 and 37 CFR 1.14. This confection is estimated to take 6 minutes to complete instruction gestivating, propering, and submitting the completed application form to the USPTO. Time will very deponding upon the institution access. Any comments instructing gestivating, propering, and submitting the completed supplication forms to the USPTO. Time will very deponding upon the institution complete this form and the USPTO. Time will very deponding the Chief Information Officer, U.S. Patient on the amount of lime you require to complete this form and the use of the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Ospariment of Commence, P.O. Box 1450, Assandria, VA 22313-1450. BO NOT SEND FIELS OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Assandria, VA 23313-1450.

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Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 **CLAIMS AS FILED - PART I SMALL ENTITY** OTHER THAN TYPE [**SMALL ENTITY** (Column 1) (Column 2) OR **TOTAL CLAIMS** FEE RATE FEE RATE BASIC FEE 710.00 NUMBER EXTRA BASIC FEE 355.00 OR FOR NUMBER FILED TOTAL CHARGEABLE CLAIMS X\$18= minus 20= X\$ 9= OR INDEPENDENT CLAIMS minus 3 = X80= X40 =OR MULTIPLE DEPENDENT CLAIM PRESENT +270= +135= OR * If the difference in column 1 is less than zero, enter "0" in column 2 OR TOTAL TOTAL CLAIMS AS AMENDED - PART II OTHER THAN **SMALL ENTITY SMALL ENTITY** OR (Column 3) (Column 2) (Column 1) HIGHEST CLAIMS ADDI-ADDI-NUMBER 4 PRESENT REMAINING TIONAL RATE TIONAL RATE **PREVIOUSLY EXTRA AFTER AMENDMENT** FEE PAID FOR FEE AMENDMENT X\$ 585 Minus Total OR Minus Independent OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +3104 OR TOTAL TOTAL OR ADDIT. FEE ADDIT, FEE (Column 3) (Column 2) (Column 1) HIGHEST CLAIMS ADDI-ADDI-8 REMAINING NUMBER **PRESENT** RATE TIONAL RATE **TIONAL PREVIOUSLY EXTRA** AMENDMENT **AFTER** FEE FEE PAID FOR **AMENDMENT** Minus X\$18= Total X\$ 9= OR Minus Independent X40= =08X OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +270= +135= OR TOTAL OR ADDIT, FEE ADDIT. FEE (Column 2) (Column 3) (Column 1) HIGHEST CLAIMS ADDI-ADDI-REMAINING NUMBER **PRESENT** TIONAL TIONAL RATE RATE **PREVIOUSLY EXTRA AFTER AMENDMENT** PAID FOR FEE FEE AMENDMENT Total Minus X\$ 9= X\$18= OR Minus Independent = 08XX40= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +270= +135= OR * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL TOTAL ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.